23-16-05 /.

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

| appro | nriste All further cor | respondence including the l below or directed otherwise | Patent advance or | ders and not | PUBLICATION FEE (if req ification of maintenance fees a new correspondence addres | will be mailed to the current | correspondence address as | |
|---|--|---|--|---|---|--|--|--|
| CUI | RRENT CORRESPONDENC | CE ADDRESS (Note: Use Block 1 for | any change of address) | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying | | | | |
| | - | 500 12/16/2004 | | | rener Each addition | nis commercial action of ascionm | ent or formal drawing must | |
| i, T. | | 590 12/16/2004 | | | | | | |
| | ason M. Honeyn | nan Sacks PC Federal Res | erve Plazas E | | | | | |
| | 00 Atlantic Avent | | CAT E | ٠¢, | | | | |
| В | Soston, MA 02210 |)-2211 | | % Express Mail No.: EV29256482 | | | | |
| 3/17/2 | 005 ZJUHAR2 000 | 00040 09498950 | MAR 15 | 2005 23 | Mail | Date: March / | 5 , 2005 | |
| FC:1 FC:8 | 7 7 7 | 1400.00 OP 15.00 OP | MAR 15 | A. C. | | | | |
| A | PPLICATION NO. | FILING DATE | 6 TRA | PRST NAME | D INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| | 09/498,950 | 02/04/2000 | | Jake B. (| Carpenter | B0932/7134 | 9504 | |
| | | | | | NAME OF THE PARTY | TOTAL PER (II) DUE | DATE DUE | |
| | APPLN. TYPE | SMALL ENTITY | ISSUE F | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| | nonprovisional | NO | . \$1400 |) . , . <u> </u> | \$0 | \$1400 | 03/16/2005 | |
| | EXAM | IINER | ART UN | IT | CLASS-SUBCLASS . | J | | |
| | VANAMAN, FR | ANK BENNETT | 3618 | | 280-624000 | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). C Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. C Tee Address form PTO/SB/122) attached. C Tee Address Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | | | |
| 3. AS | SIGNEE NAME AND | RESIDENCE DATA TO B | E PRINTED ON | THE PATEN | T (print or type) | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | |
| (A | (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| • | The Burton | Corporation | | Burli | ngton, VT | | | |
| Please | check the appropriate | e assignee category or catego | ries (will not be pr | inted on the p | patent): 🗖 Individual 💢 | Corporation or other private gr | oup entity Government | |
| | e following fee(s) are | enclosed: | 41 | . Payment of | Fee(s): | | | |
| Issue Fee | | | | XXA check in the amount of the fee(s) is enclosed. | | | | |
| Delication Fee (No small entity discount permitted) Advance Order - # of Copies5 | | | | Payment by credit card. Form PTO-2038 is attached. | | | | |
| | | | | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). | | | | |
| 5. Ch | ange in Entity Status | (from status indicated above | :) | | | | | |
| | * * | MALL ENTITY status. See | | | cant is no longer claiming SM. | | | |
| The D NOTE interes | Pirector of the USPTO E: The Issue Fee and P st as shown by the reco | is requested to apply the Issu bublication Fee (if required) words of the United States Pate | ie Fee and Publica will not be accepte ent and Trademark | tion Fee (if a d from anyon Office. | ny) or to re-apply any previou e other than the applicant; a re | sly paid issue fee to the applic gistered attorney or agent; or t | ation identified above. the assignee or other party in | |
| Au | thorized Signature | heil fem | w | | _ | March 15, 2003 | | |
| Ty | ped or printed name _ | Neil P. Ferr | aro. Bac | | _ Registratio | on No | | |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE er the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 09/498950-Conf. #9504 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** February 4, 2000 TRANSMITTAL Filing Date Jake B. Carpenter First Named Inventor For FY 2005 **Examiner Name** F. B. Vanaman Applicant claims small entity status. See 37 CFR 1.27 Art Unit B0932.70134US00 TOTAL AMOUNT OF PAYMENT 1,415.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) x Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, PC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of x | Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity **Small Entity** Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 500 250 200 100 Utility 150 65 50 130 200 100 100 Design 160 80 Plant 200 100 300 150 600 Reissue 300 150 500 250 300 200 100 O 0 0 0 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 180 Multiple dependent claims 360 Multiple Dependent Claims Fee Paid (\$) **Total Claims** Extra Claims Fee (\$) Fee (\$) Fee Paid (\$) Fee Paid (\$) Indep. Claims Extra Claims 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Fee (\$) **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof (round up to a whole number) x - 100 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 15.00 8001 Printed copy of patent w/o color

| SUBMITTED BY | | | | | |
|-------------------|-----------------|--------------------------------------|--------|-----------|----------------|
| Signature | Leifteraro | Registration No. (Attorney/Agent) | 39,188 | Telephone | (617) 646-8267 |
| Name (Print/Type) | Neil P. Ferraro | | | Date | March 15, 2005 |
| | | | | • | |

| Express Mail Label No. EV 292564828 US | Dated: Much | 15,2005 | |
|--|-------------|---------|--|
| | | | |